

U.S. SOCIAL SECURITY ADMINISTRATION
APPLICATION FOR SOCIAL SECURITY NUMBER CARD

COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5.
UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT
STATEMENT ON REVERSE.

18.

Serial No. _____

Date Issued (mm-dd-yyyy) _____

Approved By _____

FS Post _____

| | | | | |
|---|---------------|--|---|--|
| 1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD | | | 2. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | |
| 3. DATE OF BIRTH (mm-dd-yyyy) <input checked="" type="checkbox"/> | 4. HOUR AM PM | 5. PLACE OF BIRTH IN FULL (City, State, Country) <input checked="" type="checkbox"/> | 6. <input checked="" type="checkbox"/> | |

| | | |
|--|---|--|
| FATHER'S NAME <input checked="" type="checkbox"/> | 7. ← FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH → | MOTHER'S NAME <input checked="" type="checkbox"/> |
| Father's Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8. ← SOCIAL SECURITY NUMBER → | Mother's Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

9. ☒ YES
HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? ☐ NO

| | |
|--|-----------------------------------|
| 10. NAME OF CHILD <input checked="" type="checkbox"/> FULL NAME AT BIRTH IF OTHER THAN ABOVE | FIRST FULL MIDDLE NAME LAST |
|--|-----------------------------------|

| | | | |
|--|--|---|--|
| 11. MAILING ADDRESS <input checked="" type="checkbox"/> DO NOT ABBREVIATE | STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO. | | |
| | CITY/PROVINCE <input checked="" type="checkbox"/> | STATE OR FOREIGN COUNTRY <input checked="" type="checkbox"/> | POSTAL/ZIP CODE <input checked="" type="checkbox"/> |

| | | | | | |
|---|---|-----------------------------------|--|--|---|
| 12. RACE/ETHNIC DESCRIPTION <input checked="" type="checkbox"/> (Check one only-Voluntary) | <input type="checkbox"/> Asian, Asian American or Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (Not Hispanic) | <input type="checkbox"/> North American Indian or Alaskan Native | <input type="checkbox"/> White (Not Hispanic) |
|---|---|-----------------------------------|--|--|---|

| | | |
|---|---------------|---------------------------|
| 13. NAME OF PERSON PROVIDING INFORMATION | 14. SIGNATURE | 15. RELATIONSHIP TO CHILD |
|---|---------------|---------------------------|

| | |
|--|--|
| 16. TODAY'S DATE (mm-dd-yyyy) <input checked="" type="checkbox"/> | 17. DAYTIME TELEPHONE NUMBER (Including Area Code) |
|--|--|

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|------|-----|--|
| NPN | | DOC | | NTI | | CAN | | ITV | |
| PBC | EVI | EVA | EVC | PRA | NWR | DNR | UNIT | | |

| | | |
|--------------------|---|--|
| EVIDENCE SUBMITTED | SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE | |
| | DATE (mm-dd-yyyy) | |
| | DATE (mm-dd-yyyy) | |